



# LOAN APPLICATION

#### **Print or Type**

Legal Name (Under which Tax Returns a	are filed):		Business Pt	none No ·	·	Endard E	over I D. No.	
	are trienj.		Dusiness Pr	ione 140.;		Federal Empl	oy <del>e</del> r I.U. No.:	
Mailing Address (Street/City/State/Zip Co	ode)					Hawaii G.E.T	. No.:	
Business is organized as a (check one):	Sole Proprieto	rship	Partners	ship	Co	orporation	Cooperative	
Amount of Loan Requested:	Maturity Requested:		Major Comm	odities Pr	oduced or S	ervices Provided	<u> </u>	
Purpose of Loan (How will you use this to	oan, i.e. purchase plants, m	achinery/equip	ment, chemica	als, etc.):	\$	An	nounts	
	Total (This	s should agree	with amount o	of loan requ	uested) \$			
The following information to	be furnished for the propriet	or, each partn	er, each office	r/director v	vith 20% or	more of applicar	it's stock	
First/Middle & Maiden Name (in full)/La Name (If no middle name list NMN)		e Social Sec	urity Number	U.S Citizen?	Hawaii Resident (yrs.)	% Ownership of Company	Title or Office Held	
							,	
Recent Efforts To Obtain Credit (attach letters of denial dated within the last 60 days)								
Lending Institution	Branch	Po	erson Contacte	ed	F	Reason Credit No	ot Available	
SEE BACK SIDE OF 1	THIS APPLICATION	ON FOR	LIST OF	ADDIT	IONAI	DOCUME	NTATION	
		REQUIR						
All in farmers								
All information contained above and in extending the purpose of inducing State to grant a least section of the purpose of the	oan to applicant. The applic	cant hereby gra	ants permissio	n for verific	cation to be	made of any eta	tements presented in	
this application and authorize the State to applicant agrees to pay or reimburse the with consent of applicant. The applicant f	State for the cost of any su	rvevs. title or r	nortgage exam	ination ar	noraisais et	<ul> <li>nerfromed by</li> </ul>	d for is approved, the non-State personnel	
				* 18 184 de decider - 197 m.				
(Individual, general partner or	company name)							
Ву:			Ву:			***************************************		
Title:			Title:	***************************************			- material and a disconnection of the second	
Date			Date		V 868-11		*** *** **** **** **** **** **** **** ****	

# The following documentation shall be submitted by all applicants:

- 1. Current Balance Sheet and income/expense statements (past 2 years).
- 2. Three year cash flow projection of income and expenses (including income assumptions).
- 3. Aging Schedules for Accounts Payable and Accounts Receivable.
- 4. Personal Financial Statements (for sole proprietors, partners, guarantors).
- 5. Income Tax Returns (last 3 years)
- 6. Letters of decline (2 private lenders, a Farm Credit Bank or the United States Department of Agriculture)
- 7. Copy of Deed or Lease for farm.
- 8. Marketing/Purchasing contracts (if applicable).
- 9. Hawaii State Tax Clearance.
- 10. Narrative describing your business (ie. location, size, employees, crops, markets, etc.)

## For Sole Proprietorship, include the following:

- 1. Verification of education/experience in agriculture or aquaculture.\*
- 2. Name of spouse, Social Security No., date of birth & off-farm employment (if applicable).

### For Partnerships, include the following:

- 1. Copy of Partnership Agreement.
- 2. For each partner provide verification of education/experience in agriculture or aquaculture.\*

# For Corporations and Cooperatives, include the following:

- 1. Copy of Charter or articles of incorporation with all amendments thereto.
- 2. Copy of By-Laws properly adopted and now in force.
- 3. Resolution to borrow.
- 4. List of stockholders or members and amount of shares owned by each (include name, address, citizenship status, state residency status & years, education/experience in agriculture or aquaculture).\*
- 5. List of Board of Directors (include name, address, citizenship status, state residency status & years, education/experience in agriculture or aquaculture).\*
- 6. List of Officers (include name, address, Social Security No. and date of birth).
- Education verification will require either college transcripts or diploma. Experience verification will require tax returns.



STATE OF HAWAII

Mailing Address P.O. Box 22159 Honolulu, HI 96723-2159

# PERSONAL FINANCIAL STATEMENT

		Name & Address of Applicant, Including ZIP Code	
Social Security No.			
Business (of person submitting Statement)			
PERSONAL FINANCIAL ST (Please answ NOTE: If you wish to apply for credit in your name		g "No" or "None" where cial statement, include only assets, liabilities and ince	
owed by yourself.		mar statement, include only assets, liabilities and incl	ome owned and
ASSETS	OMIT CENTS		OMIT CENTS
Cash in Bank - Checking		Notes Payable	
Cash in Bank - Savings		Secured	
		Unsecured	
Accounts & Notes Receivable		Notes Payable Other (itemize on reverse)	
U.S. Government Bonds		Accounts Payable	
Investments in Own Business		Charge Accounts	
Other Stocks & Bonds (itemize on reverse)		Other	
CSVLI (itemize on reverse)		Unpaid Taxes	
Residence (itemize on reverse)		Real Estate Mtgs. Payable	
Other Real Estate (itemize on reverse)		Other (detail)	
Automobiles - Make & Year			
Make & Year		IL AcctsAuto (itemize on reverse)	
Title in name of:		IL AcctsOther (itemize on reverse)	
		Loans on Life Insurance	
Other Personal Property & Furniture		Other Liabilities	
Machinery and Equipment (itemize on reverse)		Notes Payable - Equipment & Machinery	
Inventory & Cash invested in growing crops		TOTAL LIABILITIES	
Other Assets		NET WORTH (Assets less Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	
CONTINGENT LIABILITY: As endorser/gu	uarantor \$	On letters of credit \$	
3.			
Legal claims a			

MONTHLY INCOME (Inclusion of income from alimony, child support, etc. is optional)	OMIT CENTS	MONTHLY PAYMENTS	OMIT CENTS
APPLICANT'S GROSS SALARY		Rent or Mortgage	
Overtime (constant & regularly recurring)		Note Payments	
Bonus of Commissions		Charge Accounts	
Dividends & Investments		IL Loan - Auto	
Interest		IL Loan - Other	
Rents		Loans on Life Insurance	
Other (explain)		Federal & State Income Tax	
		Insurance Premiums	
SUBTOTAL - APPLICANT		Alimony, Child Support, etc.	
CO-APPLICANT'S GROSS SALARY		Other Fixed Monthly Payments	_
Other (explain)		- Julian Julian Barana	
SUBTOTAL - CO-APPLICANT			-
TOTAL		TOTAL PAYMENTS	

Name of Issuing Corp	ortation	# of Shares (if Stock) Face Value	S Market	Value	ssion, e	<u>·</u>			me el	
and Type of Secu	ırity	(if Bond)	Book V		(Be sur	He to show	egistere	names tha	t stock is	registered in)
			_							
									· ·····	
Title to all	real estate lie	RE	AL ESTAT		horad	oveent a	a abaum	<b>h</b>		1010.4
Title to all		d in Name of	Solely and t	Orig		excebi a	is snown	nereon		
Location & Description	(Show all name	es that title is held in	Date Acquired	Purc Pri	hase	Actual Vai	<b>Market</b> ue	Balane Mortg		To Whor Payable
	<u> </u>									
		LIFE	INSURAN	CE						
Company		Face Amount of Policy	Cash Surrend Value		Loan: Again Polic	st	Benefi	ciary		hom Policy Assigned
									<del> </del>	· · · · · · · · · · · · · · · · · · ·
									<u> </u>	
Name and Address of Holde	or of Note	Amount Original Balance	Preser Baland		Term Repay		Maturit Loa	- (		ibe Assets dged
	•									
		<u> </u>				-				
		MACHINERY	AND EQ	JIPME	NT		:			
Item and Description (include make & model	) Age	Original	Current	M	NT ortgag r Lien	- 1	Balance Mortgag			whom yable
	) Ag	e Original	Current	M	ortgag	- 1				
	) Age	e Original	Current	M	ortgag	- 1				
	) Age	e Original	Current	M	ortgag	- 1				
(include make & model		e Original Cost GENERAL	Current	M	ortgag r Lien	- 1				
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persons, firms or corporations in whose behalf the undersigned may, either severally or jointly with others, execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. The undersigned further warrants that ownership of any assets listed herein will not be transferred, either into joint tenancy or otherwise, to another person while amounts are still owing to the State.

In additions to the foregoing, I authorize the State to make any inquiries about my finances, income, employment, credit and personal references they feel are necessary from time to time.

Signature

INCOME ASSUMPTIONS

NAME OF BUSINESS:							
PREPARED BY:							
	(sign & print name)						
	\ <u></u>	ABEA			1		
COMMODITY GROWN	PER UNIT	AKEA CULTIVATED (ACRES/SQ. FT.)	CROPS PER YEAR	TOTAL PRICE CROPS PRODUCTION PER UNIT PER YEAR (PLANTS/STEMSLBS.) (PLANT/STEMLBS.)	PRICE PER UNIT	SALES REVENUE	BUYER
							•
						-	
8							
						•	
							-

AL323-06 03/05/96

EXPENSE PROJECTION SHEET

NAME OF BUSINESS:			) 										
		•	P.Z.	PREPARED BY:		Sign	ND PRINT NA	S			DATE:		
PERIOD FROMTO						oi GN	SIGN AND PRINT NAME	Š			ļ		
MONTHS	<b>-</b>	2	ω	4	n	,							
ORIES			,	1	C	o	7	000	9	10	=======================================	12	101,
CAR & TRUCK EXPENSES											     		
CHEMICALS													
CUSTOM HIRE (MACHINE WORK)													
EMPLOYEE BENEFITS													
FEED PURCHASES					,						•		
FERTILIZERS/LIME													
FREIGHT/TRUCKING													
GAS/FUELS/OILS													
INSURANCE (OTHER THAN HEALTH)													
RENTS/LEASES		_											
ABOR													
REPAIRS & MAINTENANCE													
PLANT/SEED PURCHASES													
AXES		_											
JTILITIES	_												
/EHICLE/MACHINERY/EQUIPMENT													
ETERINARY/BREEDING/MEDICINES													
FFICE EXPENSES						-							
UPPLIES													
EBT SERVICING													
					_								
						_ -							
										_			
TOTAL													

# MONTHLY CASH FLOW PROJECTIONS

NAME OF BUSINESS:		١.	•	PR	PREPARED BY:	.,						DATE		
PERIOD FROM	3						SIGN AN	SIGN AND PRINT NAME	•					
	   			· •										
MON	MONTHS 1		2	အ	4	IJ	6	7	<b>&amp;</b>	9	ō	=	12	TOTAL
1. CASH ON HAND		L									į			
2. LOANS														
(B)			!											
<b>(b)</b>	,	_								•				
(c)														
(d)														
3. SALES		_												
(a)	 													
(b)		<u> </u>												
(c)		_												
(d)	 													
I OTHER REVENUE		_												
TOTAL CASH AVAILABLE	-	<u> </u> _												
	-	_											-	
. FARM EXPENSES		_		•						٠.				
LOAN PAYMENTS		_												
(8)		_												
(b)		_												
(c)		_	•											
(d)	-	_												
OTHER CASH PAYMENTS		_												
OTAL CASH PAID OUT	-	_												
		_												
		_			٠									
ET AVAILABLE CASH														
											֡			

02/25/00



# **CORPORATE RESOLUTION TO BORROW**

said comparation, these was	pursuant to a legal call therefor according to the by-law	<i>r</i> s of
eccordance with the ber lawe	present a quorum of the duly elected and qualified directors of said corporation	n, in
was unanimously adopted:	thereof, whereupon the following resolution upon motion duly made and secon	ded,
was unanimously adopted:		
PESOI VED that this same		
Agriculture the emount	poration borrow money from time to time from the State of Hawaii, Department	it of
Agriculture, the almount	thereof not to exceed in the aggregate at any one time the sum	of
officials (read down): *(list b	Dollars (\$), and that the follow	ving
(either the)	•	
(both the)	(or the)	
(or the)	(and the)	
•	(or the)	
(and the)		_
` ,	(or the)	
are hereby sythogical and a	(and the)	_
ne hereby authorized and en	mpowered in the name of this corporation to execute with or without its corporation	rate
seal and deliver its promissor	ry bote or notes upon such terms, including (but not exclusively) time, amount,	and
rate of interest as may be a	agreed upon; and to execute and deliver under its corporate seal real prop	erty
mortgages, chattel mortgages	s, loan agreements, or such other instruments as shall be necessary or expedien	ıt in
the borrowing of money, incl	luding powers of attorney directed to said Department and authorizing it to exe	
anton in the name of this are		cute
notes in the name of this col	rporation, having the Department of Agriculture as payee; and to execute gen	cute
	rporation, having the Department of Agriculture as payee; and to execute gen	cute
	rporation, having the Department of Agriculture as payee; and to execute gen	cute
guaranties.		cute
guaranties.	erporation, having the Department of Agriculture as payee; and to execute genue of the officials above specified, or**	cute
guaranties.  RESOLVED, that any one	e of the officials above specified, or**	cute ierai
RESOLVED, that any one or any one of the latter, is her	e of the officials above specified, or**  reby authorized and empowered to draw drafts and acceptances and to discount	cute ieral and
RESOLVED, that any one or any one of the latter, is her transfer to said Department,	reby authorized and empowered to draw drafts and acceptances and to discount or to pledge with said Department as collateral security for the payment of a	erai and
RESOLVED, that any one or any one of the latter, is her transfer to said Department, cany of the instruments represent	reby authorized and empowered to draw drafts and acceptances and to discount or to pledge with said Department as collateral security for the payment of a senting sums so borrowed, or as collateral security in support of general guarantees.	and
RESOLVED, that any one or any one of the latter, is her transfer to said Department, cany of the instruments represents such assets of which this corp	reby authorized and empowered to draw drafts and acceptances and to discount or to pledge with said Department as collateral security for the payment of a senting sums so borrowed, or as collateral security in support of general guarant poration is the owner or in which it has an interest, as he shall consider necessar	and ll or ties,
RESOLVED, that any one or any one of the latter, is her transfer to said Department, any of the instruments represent assets of which this corpexpedient for that purpose;	reby authorized and empowered to draw drafts and acceptances and to discount or to pledge with said Department as collateral security for the payment of a senting sums so borrowed, or as collateral security in support of general guaran poration is the owner or in which it has an interest, as he shall consider necessar and in the furtherance of such discounting or pledging, to execute upon	and ill or ties,
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RESOLVED, that any one or any one of the latter, is her transfer to said Department, any of the instruments represent assets of which this corpexpedient for that purpose; negotiable or nonnegotiable in endorsements, assignments as	reby authorized and empowered to draw drafts and acceptances and to discount or to pledge with said Department as collateral security for the payment of a senting sums so borrowed, or as collateral security in support of general guaran poration is the owner or in which it has an interest, as he shall consider necessar and in the furtherance of such discounting or pledging, to execute upon instruments, or in conjunction therewith, such repurchase agreements, and guaranties (as distinguished from general guaranties authorized above), or	and il or ties, y or any
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Mailing Address: P. O. Box 22159, Honolulu, Hawaii 96823-2159
Phone: 973-9460 FAX: 973-9455

			Date	
Го:	Name of Financial Organization			
	Name of Financial Organization			
	Address			
	City State	ZIP Code	<del></del>	
Subject:	Verification of Deposit and I	oan Credit Rating		
Gentlem	en;			
such, wi nformat	ll you kindly verify the inform tion or comment(s) you may p	ation listed below on rovide. The informati	ssistance from this Department and I the reverse side of this form. We we ton requested will be held in strict co artment to proceed with (his/her/the	ould appreciate any additional onfidence and is made with the
			Department of Agriculture Agricultural Loan Division	
			Ву	
			Title	
		AUTHORIZATIO	ON BY APPLICANT	
(	(I, We) hereby authorize		to release	any and all information per-
aining t	o (my, our) account with you	Name of Financi including a credit ra	al Organization ting.	
			Type of Account	Account Number
-	Name of Applicant		1)	
	Address		3)	
City	State	ZIP Code	5)	
	Date Date		Sizzahura	fA-R
	Daw		Signature	fApplicant(s)

(over)

#### FOR BANK USE ONLY

verification of Deposit:				
Type of Account	Account Number	Date Open	Balance	Remarks
1.				
2.				
3.				
4.				
5.				
Information on Loans:	Loan #1	Loan #	2	Loan #3
Type Loan: Date Opened: Original Amount: High Amount: Terms: Maturity Date: Last Paid: Next Due: Current Balance: Payment History: Description of Collateral:  Special Loan Conditions:				
Comments:				
		Authorized Signature	·	
		Addionago Signature	9	:

Official Title

Date